



**Department of Environmental Quality
Emergency & Radiological Services
Division
Licensing & Registrations Section
P.O. Box 4312
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NORM TEMPORARY JOB-SITE NOTIFICATION FORM

LICENSEE PERFORMING JOB-SITE ACTIVITY

NAME: _____ SPECIFIC LICENSE #: _____ LA- _____ -S01

CONTACT PERSON: _____ PHONE: (_____) _____

JOB INFORMATION

NAME: _____ GENERAL LICENSE #: _____ LA- _____ -N01

CONTACT PERSON: _____ PHONE: (_____) _____

AGENCY INTEREST #: _____

FACILITY NAME/DESCRIPTION _____

WELL SERIAL # OR FACILITY ID# _____ PARISH: _____

LOCATION/DIRECTIONS TO JOB-SITE: _____

DESCRIBE SITE SPECIFIC ACTIVITIES: _____

WORK START DATE: _____ EXPECTED COMPLETION DATE: _____

NOTE: This form is to be used by specific licensees to notify the Division of NORM activities at temporary jobsites.